

Contractor:		Contract No.:		Report Month:				Prepared By:		
1. Project Address	2. Project #	3. Outreach*	4. Intake	5. Client Education	6. Unit Assessment	7. Client Blood Testing	8. SHPO	9. Inspection	10. HDP Project Design	11. Payment Requested
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10										
11										
12										
13										
14.										
15. TOTAL										
*All other costs for outreach and other program support costs not specific to a unit should be reported on the Lead Hazard Control Program Expenditure Report - Summary CSD 950.										
NOTES:										